

# BLM SAN LUIS VALLEY FIELD OFFICE - ACTUAL ITINERARY (POST USE REPORT)

OUTFITTER \_\_\_\_\_

For the Period Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

Any use in excess of your approved Annual Itinerary must be submitted for approval prior to use and will be billed according to your permit.

ASSIGNED SITE NAMES 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

1 TRIP TYPE &/or CAMP LOCATION Include all services provided	2 PERIOD OF USE From/To *	3 # OF DAYS	4 # CLIENTS	5 TOTAL CLIENT DAYS Col.3 x Col.4	6 BLM CLIENT DAYS **	7 REVENUE PER CLIENT	8 DONATED TRIP Yes or No ***	9 GROSS REVENUE Col.4 x Col.7	10 % OF SERVICE DAYS OR HOURS ON BLM LAND	11 # OTHERS/ EMPLOYEES Not in Col.5 calc.	12 # & TYPE OF STOCK
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

See Reverse for Continuation Sheet

\* Break out different fees paid on the same trip by clients; eg. 10/1 - 10/10 6 clients @ \$1000.00 each, 10/1 - 10/10 5 clients @ \$500.00 each, 10/1 - 10/10 5 others (no revenue)

\*\* Complete this column only if the # of BLM Client Days are different from the # of Total Client Days.

\*\*\* Donated Trips:

Donated Trip # orType	Period of Use	Value of Trip	Revenue and/or Value of Goods/Services Received by Outfitter	Donated Amount	Organization Donated To	Purpose (optional)

I certify the information given on this sheet is a complete and accurate summary of my operations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OUTFITTER

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

AGENCY REPRESENTATIVE

**NOTE:** This document is due No Later Than 30 days after the last trip identified on this sheet.

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1. Please describe all accidents or injuries which occurred during the season (date, location, actions taken).

2. Please describe any management problems associated with your permit, the use of public land or related issues you feel need management attention.

3. Other Comments: